



# The National Park Service

## 2005 INCIDENTAL BUSINESS PERMIT APPLICATION FORM

### U.S. DEPARTMENT OF THE INTERIOR

#### National Park Service

P.O. Box 52

Hawaii National Park, Hawaii

PH: (808) 985-6027 FAX: (808) 967-8186

Website: [www.nps.gov/havo](http://www.nps.gov/havo)

(Please type or print in ink. Answer all questions completely or mark "N/A" if not applicable.)

#### 1) APPLICANT

Show your business name, including your "d.b.a." (*doing business as*) if applicable

***As an applicant, select from A through E that describes your business:***

A. ☐ INDIVIDUAL. If the business is a sole proprietorship, print the owner's legal name.

( \_\_\_\_\_ )

B., ☐ CORPORATION

If the business is a corporation or LLC, print the holding corporation's legal name.

( \_\_\_\_\_ )

C. ☐ PARTNERSHIP/ASSOCIATION. If the business is a partnership, LLP or LP, print the names and social security numbers of each partner. If there are more than two partners, please attach a complete list of partners names.

( Name \_\_\_\_\_ SSN# \_\_\_\_\_ )

( Name \_\_\_\_\_ SSN# \_\_\_\_\_ )

D. ☐ NON-PROFIT (Type: (e.g. university, boy scouts, etc) \_\_\_\_\_)

E. ☐ OTHER \_\_\_\_\_

#### 2) LIST ALL AUTHORIZED REPRESENTATIVES

\_\_\_\_\_

#### 3) \*TAX PAYER ID #

\_\_\_\_\_

-OR-

SOCIAL SECURITY NUMBER

\_\_\_\_\_

*\*Providing Social Security Numbers is a requirement of 1996 Debt Collection Act—This number will NOT be made public.*

5) What is the approximate number of Guides you expect to employ per season in your park service operation \_\_\_\_?



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- 6) Please provide names of the Guides, Drivers and/or Pilots that will be employed by you under this IBP? These should be your employees – not service contracted through another IBP Holder. Use additional paper if you need more space. (If this information is not available at time of application, please be sure to submit this information immediately after you employ them. Please report any future changes to your list of employees by mailing an updated list to NPS, Commercial Services, P.O. Box 52, Hawaii National Park, HI 96718.)

NAMES	GUIDE	PILOT	DRIVER
_____	( )	( )	( )
_____	( )	( )	( )
_____	( )	( )	( )
_____	( )	( )	( )
_____	( )	( )	( )
_____	( )	( )	( )

## 7) Business Address

Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Email: \_\_\_\_\_

Internet: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

## 8) Owner Address

Address: \_\_\_\_\_

If same as Business Address Info, write "same"

City, State, Zip \_\_\_\_\_

Email: \_\_\_\_\_

Internet: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Fax: \_\_\_\_\_



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## DEFINITIONS OF COMMERCIAL VISITOR SERVICES

Road Based	Motorized vehicle used to transport passengers on a guided tour using established roadways within the park boundaries and operated for hire. Entrance fees are determined by the capacity of your vehicle (see page 3+4 of instructions for breakdown of fees).
Non-Road Based	Tours of the Park that are primarily not road based. Examples of these would be <u>hiking more than a mile on one trail</u> , bird watching on foot for <u>more than one hour at one location</u> , camping in one of the two frontcountry campgrounds, or bicycling on paved roads or designated routes. For these tours there is a \$5 per person entrance fee (excluding the driver and/or guide). Additional conditions to this permit are attached and must be followed when applicable.
Combination	This permit allows the holder of the permit to engage in both activities in the park. Identify the activity at the entrance station and charges will be made accordingly.

9) What date would you like to start your operation in the park? \_\_\_\_\_

10) Will you be operating *any type* of vehicles (car, truck, van, bus, etc) within park boundaries as part of your operations? If yes, provide the information below:

MAKE	MODEL	YEAR	MAX # PASSENGERS	OWN	LEASE

12) Within the past 5 years, has the company (entity), or any of the owners of the business been convicted of or forfeited collateral for any violations of state, federal, or local law or regulation? \_\_\_\_\_.

13) Is the company (entity), or any of the owners of the business now under charges for any violation of state, federal, or local law or regulation? \_\_\_\_\_.

14) \*Within the past 5 years, have any of your current or proposed employees been convicted of or forfeited collateral for any state, federal, or local law or regulation; OR are they now under charges for any violation of state, federal or local law or regulation? \_\_\_\_\_.

(\*Employees identified above may be precluded from working for the operator)

15) If you answered “YES” to questions in Items # 12 OR 13 OR 14, please give details in the space below or attach a separate sheet. For each violation, include the item number to which you are referring.

ITEM #	INDIVIDUAL'S NAME	DATE	CHARGE	PLACE	COURT	ACTION



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- 16)** False, fictitious or fraudulent statements of representations made in this application may be grounds for revocation of the Incidental business permit and may be punishable by fine or imprisonment (U.S. Code, Title 18, Section 1001). All Information you provide will be considered in reviewing this application. Please sign on the applicable line below.

\_\_\_\_\_  
SIGNATURE OF APPLICANT OR AGENT\*

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
DATE

\_\_\_\_\_  
TITLE (as it relates to your business)

***\*(If you are an authorized Agent who has been given authorization to sign this application for the owner or company, you **MUST** attach proof to that authorization. )***

Mail your completed application:

**National Park Service  
Commercial Services  
P.O. Box 52  
Hawaii National Park, HI 96718**



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## CHECKLIST FOR IBP APPLICATION

*Payment must accompany your completed application.*

**BUSINESS NAME:** \_\_\_\_\_

\_\_\_\_\_ Completed Application Form

\_\_\_\_\_ Payment.

\_\_\_\_\_ Insurance Certificate (**Comprehensive General Liability**) is enclosed.

\_\_\_\_\_ Insurance Certificate (**Automobile Liability**) is enclosed.  
(Certificate must show the Vehicle Identification Number)

\_\_\_\_\_ Annotation on the Insurance Certificate that shows:

\_\_\_ The insurance policy names the U.S. Government, National Park Service as an additional insured. (**AND**) The insurance policy contain a waiver of subrogation clause specifying that the insurance company shall have no right of subrogation against the United States.

\_\_\_ Certificate Holder's Address is:

**US Government  
National Park Service,  
Commercial Services  
P.O. Box 52  
Hawaii National Park, HI 96718**

\_\_\_\_\_ Proof of Authorization to Sign Application (applicable if other than owner is signing application)

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NPS Office Phone: 808/985-6027, Fax: 808/967-8186, Website: <http://www.nps.gov/havo>

***Mail application packet to:***

National Park Service, Commercial Services, P.O. Box 52, Hawaii National Park, HI 96718



# The National Park Service

## MINIMUM INSURANCE AMOUNTS REQUIRED

(Applicants, please share this info with your Insurance Agent)

**1. SERVICE: Guided Hiking, Photography, Bicycle Tours,**

- **INSURANCE:**     *Comprehensive General Liability (Guides) @ \$300,000 per occurrence*

**1. SERVICE: Vehicle Tours**

- **INSURANCE:**     *Motor vehicles - Auto Liability Insurance*

**PARTY SIZE**

**MINIMUM COVERAGE REQUIRED**

UP TO 5:

\$300,000/Occurrence

6 TO 12:

\$500,000/Occurrence

13 TO 20:

\$750,000/Occurrence

21 to 50

\$1,500,000/Occurrence

51 passengers or more:

Contact National Park Service for information

**The certificate holder's address on all certificates of insurance should read:**

U.S. GOVERNMENT, Dept of Interior, National Park Service-Commercial Services, P.O. Box 52, Hawaii National Park, HI 96718

**All liability policies must specify that the insurance company will (1) have no right or subrogation against the United States of America AND must (2) provide that the United States of America is named an additional insured.**